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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morand
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J16492

(7)

1. Corporation Name:

WORLD OF GOLF, INC.

Principal Place of Business

~~265 SEMORAN COMMERCE PL~~
~~SUITE 103~~
APOPKA FL 32703
US

Mailing Address

~~265 SEMORAN COMMERCE PL~~
~~STE 103~~
APOPKA FL 32703-4670
US

3. Date Incorporated or Qualified

05/28/1986

3a. Date of Last Report

04/26/1996

4. FEI Number

59-2681336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 20 South Park Ave.
Suite, Apt. #, etc.

22

City & State

23 Apopka, Fl.

Zip

24 32703

Country

25

2a. Mailing Address

26 20 South Park Ave.
Suite, Apt. #, etc.

27

City & State

28 Apopka, Fl.

Zip

29 32703

Country

30

9. Name and Address of Current Registered Agent

CHONG, STEPHEN C.L.
605 E. ROBINSON STREET
SUITE 510
ORLANDO 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GASPARRI, ALFRED J.
STREET ADDRESS 436 APRIL LANE
CITY - ST - ZIP APOPKA FL

TITLE C ☐ DELETE

NAME MULLEN, JOHN
STREET ADDRESS 1 CAMPUS BLVD.
CITY - ST - ZIP NEWTOWN SQ. PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/97

407-884-5300

Date

Daytime Phone #

CP2E034 (9/96)